Staffordshire Health & Wellbeing Board					
Report Title:	Population Health Management: An Initial Briefing Paper				
Date:	7 March 2019				
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Board Sponsor:	Simon Whitehouse, Director Together We're Better				
Report Type:	System Issues	☒	Prevention	☒	Statutory Duties ☐

Recommendations

The Board is asked to:

a. Note this introduction to Population Health Management and the significance of the Global Burden of Disease Study.

b. Agree details of any further updates required by the Health and Wellbeing Board.

Background

A Brief Introduction to Population Health Management

1. There is an increased recognition that the nature of the challenge facing modern health and care systems has changed. The shifting pattern of burden of disease (as most recently set out in the Global Burden of Disease Study published in the Lancet -see footnote 1 below) and of demographics means more people living for longer and with long term conditions. This combined with the changes in technological capability and societal expectations, provides the framework for a different approach to optimising people's health and wellbeing through intelligence led design and delivery of health and care services that incorporates citizen led/controlled intelligence (including patients/service users). It also allows for the development of shared systems and approaches with other public, voluntary and private sector organisations.

2. Globally, the emphasis is moving increasingly to a strategy that can be synthesised as on figure 1 below. In the NHS, this is now crystallising in a focus on integrated care and on a suite of approaches that are being bundled together under the heading of 'Population Health Management'.

3. The basic concept of 'population health management' is a simple and long standing one…the notion that good stewardship of what is a collective insurance fund for health requires targeted investment of resources (in population cohorts and in individuals) to try to optimise population health and, in a UK context at least, doing so in a way that promotes social justice by addressing inequalities. But whilst the concept is simple, the delivery of it isn't. Despite repeated calls for greater investment in prevention, in early intervention, in community alternatives, these have not been delivered to date to anything like the scale promised. And it isn't lack of data, evidence or analytical capability that is the primary explanation for that. Many of the ideas underpinning Population Health Management are not new such as programme budgeting, use of health economics, defining population cohorts, commissioning for outcomes (structured approaches to commissioning) understanding population need, and prevention at scale.

4. We now have national promotion of 'Population Health Management' (PHM) as a basket of approaches to address this, with an emphasis on the use of data and analysis and analytical tools to drive improved 'rational decision making' (for populations and for individuals) and the organisation and assurance of care.(see footnote 2 for some examples) The PHM 'Flat Pack' issued by NHSE and partners in September 2018 is a core resource and provides a more detailed description of the components.

A national definition for PHM is set out in a recent procurement document as:

Population Health is the focus on improving outcomes, reducing inequalities and addressing the wider determinants of health.

Population Health Management (PHM) improves population health through data driven decision making, to plan and deliver proactive care to achieve maximum impact.

Population Health Management should have a system-wide outcome focus, driven by need and not by existing services. PHM should consider the whole life course from addressing the wider determinants of health to early intervention, primary, secondary and tertiary disease prevention. In considering the wider determinants of health, PHM will engage with Local Authorities and other public services, such as schools and housing associations, which have the lead in these areas.

Strategy of strategies – the Strategy Unit summary

Desired end-point (why?)	Common approaches to achieve these ends (what?)	Common mechanisms within these approaches (how?)
Optimise health/ care within a budget by: Best identifying need (individuals : groups) Prioritise (invest in 'health') Target Ensure effective intervention	Empower people for self-care and shared decision making Prediction and prevention Early intervention / de-escalation to lower cost setting when problems occur (assumed reduction in hospital demand) Evidence based care and standardisation Lean operation across systems Co-ordinate and integrate care at local place (primary/secondary; Mental Health/Physical Health; beyond health) Removal of ineffective clinical activity Experiment with new care models based around achievement of outcomes Reduce workforce demarcation Greater use of digital technologies	Lead and think across systems, not single organisations Get systems to think about expenditure and cost across a broader range of areas (invest better), with sense of single overall budget Rethink incentives/payments around populations and outcomes Organisational and contractual arrangements (form) Use technology and data more effectively to organise care and take out costs (deliver better) Rationing criteria Defining pathways and standards Education and training Deliberate cultural change Design to support continuous improvement

What this means for Together We're Better?

5. It is clear that the national expectation is that Integrated Care Systems (ICS) adopt a Population Health Management approach throughout their operations – from strategy to delivery and evaluation.

6. And to quote NHSE, "ICSs also have a critical role in promoting wider population health, not just as providers of health services, but as employers and key players in their local economies and anchor institutions in their communities, working alongside local government and other local partners. As often the largest business in an area, ICSs may play as great a role in improving population health through their operation as an institution through delivery of their core services."

7. The emphasis on embracing population health (i.e. beyond individual care) and social justice objectives, and the emphasis on better analysis and evaluation are welcome and entirely consistent with the vision and plans of Staffordshire and Stoke-on-Trent STP.

8. The 3 Alliances and their 23 localities together have a scale that can be highly effective in accelerating learning through collaboration if we design our approach from the outset to achieve that. The Academy proposal that we have agreed as part of the Localities Review and that is now being taken forward by the OD workstream should be central to our approach to being a 'learning system' for PHM.

National and regional action

9. There are three key NHSE/I initiatives underway (listed below) that will have implications for how we develop PHM in Staffordshire and Stoke-on-Trent STP. External assistance can be very helpful, but it is also essential that we ensure we have a robust local position about what we want from it and our priorities in using it and that we are in a position where we mould it to fit what we are doing. This of itself points to a need to develop our overall approach to PHM by the start of 2019/20

   a. At a national level, a Performance and Population Health Management Dashboard is being developed for launch in April 2019.

   b. NHSE/I have commenced a procurement to engage a development partner to support PHM, both in individual STPs but also collaboratively, across the old West Midlands plus Derby (7 STPs , including Staffordshire and Stoke-on-Trent). This is intended to deliver a development and learning programme as well as specific additional technical support to local areas. The procurement state a requirement to: a) accelerate STP/ICS knowledge, skills, capacity and capabilities, through a full cycle of PHM learning in the first year, and; b) application of such to real life priorities, as well as; c) build the foundation intelligence infrastructure for a region-wide PHM Intelligence system. It includes the concept of a regional PHM Academy (which we will want to coordinate with our own STP 'Academy'). The contract will be operational by April 2019 and be for 12 months. Jane Moore is our STP representative on the awarding panel.

   c. NHSE North Midlands have also commenced a procurement for a further 3 STPs (including Staffordshire and Stoke-on-Trent) to go through the ICS development programme already experienced by the other 4 regional STPs. This is a separate tender but also includes system leadership development re PHM in the specification.

The procuring body says that they will expect the providers of both contracts to work together to avoid duplication or dislocation.

Next Steps

10. During February and March the Together We're Better team will be developing a detailed proposal for PHM Strategy and delivery plan. This will include taking account of the local findings in the GBD Study. There may be significant opportunities to accelerate implementation of the Together We're Better system priorities using Population Health Management. An important priority would be to assess existing programmes against findings from PHM. Together We're Better will also need to consider what skills and capacity it needs in the light of Regional procurement exercise.

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List of Appendices:

Appendix A - Footnote 1 & 2

List of Background Papers: None